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SECRETARY OF STATE
TALLANIASSEE, FLORIDA

NOV 25 2013

R. WHITE

COVER LETTER

Division of Corporations
NAME OF CORPORATION: DOWN UNDER CONSTRUCTION Services, I DOCUMENT NUMBER: P95000048297
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person DOWN UNDER CONSTRUCTION SERVICES, INC. Firm/Company 11520 Oathurst ROAD Address HARGO, FL 33774 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Aim Menne at (127) 341-1415 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

of Incorporation FILED

Articles of Incorporation	- L.A.
Da > 11. > 2 A 2011 C 20 13_H3V 20	PM 4: 45
Down UNDER COnstruction Services, I'm 20.	i I International
(Name of Corporation as currently filed with the Florida Dept. of State) OGFOOOLIVE GOT TALLAMASSEE	ir Statt - Elobova
F1300004 82 11	, FLURIUA
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
The	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	new iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add	Title Name P JOSEPH ROMANO	Address 11520 Oakhurst Roal LARGO, FL 33774
2) Change	V JANICE JOSLIN	11520 Oakhurst GOAD LARGO, FL 33774
Remove 3) Change Add		
Remove 4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	nament if not contained in the amendment risen:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated November 18, 2013 Signature Line Propident	
Signature (By a director, president or other officer – if directors or officers have not bee	<u></u>
selected, by an incorporator — if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	